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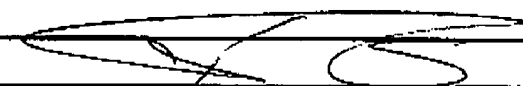
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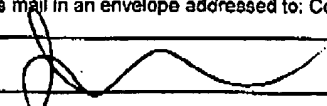
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/765,236
	Filing Date	01/26/2004
	First Named Inventor	Mathias Rath
	Art Unit	1614
	Examiner Name	Kwon, Brian Yong S
Total Number of Pages in This Submission	Attorney Docket Number	11957/46503

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SEKRETARIAT DR. RATH

02/03

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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/765,236
	Filing Date	01/26/2004
	First Named Inventor	Matthews Rath
	Art Unit	1814
	Examiner Name	Kwon, Brian Yong S
	Attorney Docket Number	11867/48603

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

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☒ Please change the correspondence address for the above-identified application to:

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☐ Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/58/96)

SIGNATURE of Applicant or Assignee of Record

Signature *Matthews Rath*

Name MATTHEWS RATH

Date 12-04-2006

Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representatives(s) are required. Submit multiple forms if more than one signature is required, see below.

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